

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Western District of Texas

Case number (if known): _____

Chapter you are filing under:

☐

Chapter 7

☐

Chapter 11

☐

Chapter 12

☒

Chapter 13

☐

Check if this is an
amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

06/24

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

About Debtor 1:

Richard

First name

Thomas

Middle name

Green

Last name

Jr

Suffix (Sr., Jr, II, III)

About Debtor 2 (Spouse Only in a Joint Case):

Adriana

First name

Cordeiro

Middle name

Green

Last name

Suffix (Sr., Jr, II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

Richard

First name

Thomas

Middle name

Green

Last name

First name

Middle name

Last name

Business name (if applicable)

Business name (if applicable)

Adriana

First name

Cordeiro

Middle name

Tarastchuck Cordeiro Navarrete

Last name

Adriana

First name

Cordeiro

Middle name

Tarastchuck Cordeiro Maroquio

Last name

Business name (if applicable)

Business name (if applicable)

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 2 5 9 2

OR

9xx - xx -

xxx - xx - 5 4 6 0

OR

9xx - xx -

Debtor 1
Debtor 2

**Richard
Adriana**

First Name

**Thomas
Cordeiro**

Middle Name

**Green, Jr
Green**

Last Name

Case number (if known) _____

About Debtor 1:

**4. Your Employer Identification
Number (EIN), if any.**

EIN

EIN

About Debtor 2 (Spouse Only in a Joint Case):

EIN

EIN

5. Where you live

1112 League Line Road

Number Street

Paige, TX 78659

City State ZIP Code

Bastrop

County

**If your mailing address is different from the one above,
fill it in here.** Note that the court will send any notices to
you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

If Debtor 2 lives at a different address:

Number Street

City State ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill
it in here.** Note that the court will send any notices to you
at this mailing address.

Number Street

P.O. Box

City State ZIP Code

**6. Why you are choosing *this*
district to file for bankruptcy**

Check one:

☒ Over the last 180 days before filing this petition, I
have lived in this district longer than in any other
district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408)

Check one:

☒ Over the last 180 days before filing this petition, I
have lived in this district longer than in any other
district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408)

Debtor 1
Debtor 2

**Richard
Adriana**

First Name

**Thomas
Cordeiro**

Middle Name

**Green, Jr
Green**

Last Name

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- ☐ Chapter 7
☐ Chapter 11
☐ Chapter 12
☒ Chapter 13

8. How you will pay the fee

- ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

☐ No.

☒ Yes. District Western District of Texas When 08/28/2023 Case number 23-10682
MM / DD / YYYY
District Western District of Texas When 03/20/2023 Case number 23-10176
MM / DD / YYYY
District Western District of Texas When 03/20/2023 Case number 23-10176
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

☒ No.

☐ Yes. Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY
Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

11. Do you rent your residence?

- ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1
Debtor 2

**Richard
Adriana**

First Name

**Thomas
Cordeiro**

Middle Name

**Green, Jr
Green**

Last Name

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

☒ No. Go to Part 4.

☐ Yes. Name and location of business

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a *small business debtor*?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

☒ No. I am not filing under Chapter 11.

☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.

☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

- ☒ No.
- ☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number

Street

City

State

ZIP Code

Debtor 1
Debtor 2

**Richard
Adriana**

First Name

**Thomas
Cordeiro**

Middle Name

**Green, Jr
Green**

Last Name

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1
Debtor 2

**Richard
Adriana**

First Name

**Thomas
Cordeiro**

Middle Name

**Green, Jr
Green**

Last Name

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?

16a. Are your debts primarily consumer debts? *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.
☒ Yes. Go to line 17.

16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.
☐ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?

- ☒ No. I am not filing under Chapter 7. Go to line 18.
☐ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
☐ No
☐ Yes

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

18. How many creditors do you estimate that you owe?

- ☐ 1-49 ☐ 1,000-5,000 ☐ 25,001-50,000 ☐ 50,000-100,000 ☐ More than 100,000
☒ 50-99 ☐ 5,001-10,000
☐ 100-199 ☐ 10,001-25,000
☐ 200-999

19. How much do you estimate your assets to be worth?

- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
☒ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

20. How much do you estimate your liabilities to be?

- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
☒ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Richard Thomas Green, Jr

Richard Thomas Green, Jr, Debtor 1

Executed on 01/27/2025

MM/ DD/ YYYY

X /s/ Adriana Cordeiro Green

Adriana Cordeiro Green, Debtor 2

Executed on 01/27/2025

MM/ DD/ YYYY

Debtor 1
Debtor 2

**Richard
Adriana**

First Name

**Thomas
Cordeiro**

Middle Name

**Green, Jr
Green**

Last Name

Case number (if known) _____

**For your attorney, if you are
represented by one**

**If you are not represented by an
attorney, you do not need to file this
page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X

/s/ Dorothy Lawrence

Signature of Attorney for Debtor

Date **01/27/2025**

MM / DD / YYYY

Dorothy Lawrence

Printed name

Allmand Law Firm, PLLC

Firm name

860 Airport Fwy Ste 401

Number Street

Hurst

City

TX

State

76054-3264

ZIP Code

Contact phone **(214) 265-0123**

Email address **dbutler@AllmandLaw.Com**

24072015

Bar number

TX

State

Debtor 1
Debtor 2

Richard
Adriana

Thomas
Cordeiro

Green, Jr
Green

Case number (if known)

First NameMiddle NameLast Name

Additional Items: Continuation Page

9. Have you filed for bankruptcy within the last 8 years?

District Western District of Texas

When 08/28/2023
MM / DD / YYYY

Case number 23-10682

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 — Liquidation
- Chapter 11— Reorganization
- Chapter 12— Voluntary repayment plan for family farmers or fishermen
- Chapter 13— Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

	\$245	filing fee
	\$78	administrative fee
+	\$15	trustee surcharge
	\$338	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- most domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

	\$1,167	filing fee
+	\$571	administrative fee
	\$1,738	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to:
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Fill in this information to identify your case and this filing:

Debtor 1	<u>Richard</u>	<u>Thomas</u>	<u>Green, Jr</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Adriana</u>	<u>Cordeiro</u>	<u>Green</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Western</u> District of <u>Texas</u>			
Case number	_____		

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

☐ No. Go to Part 2.

☒ Yes. Where is the property?

1.1 1112 League Line Road Paige, TX 78659

Street address, if available, or other description

1112 League Line Road

Paige, TX 78659

City State ZIP Code

Bastrop

County

What is the property? Check all that apply.

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☒ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☒ Other Homestead

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Homestead consisting in a single family, land plot located at: 1112 League Line Road Paige, TX 78659

Source of Value: Bastrop CAD

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$629,373.00

Current value of the portion you own?

\$629,373.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple

☒ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here



\$629,373.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles☐ No☒ Yes3.1 Make: **Ford** Who has an interest in the property? Check one.Model: **F250**Year: **2008**Approximate mileage: **200000**

Other information:

Source of Value: JD Power☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this is community property (see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$1,000.00

Current value of the portion you own?

\$1,000.00

If you own or have more than one, describe here:

3.2 Make: **Nissan** Who has an interest in the property? Check one.Model: **Armada**Year: **2019**Approximate mileage: **180000**

Other information:

Source of Value: JD Power☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☒ Check if this is community property (see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$20,900.00

Current value of the portion you own?

\$20,900.00**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories***Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories*☐ No☒ Yes4.1 Make: **Badboy** Who has an interest in the property? Check one.Model: **Rogue**Year: **2023**

Other information:

Lawnmower☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☒ Check if this is community property (see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$4,500.00

Current value of the portion you own?

\$4,500.00

If you own or have more than one, list here:

4.2 Make: **Seadoo** Who has an interest in the property? Check one.Model: **X20**Year: **2010**

Other information:

Source of Value: JD Power☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☒ Check if this is community property (see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$500.00

Current value of the portion you own?

\$500.00

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here → **\$26,900.00**

Part 3: Describe Your Personal and Household Items**Do you own or have any legal or equitable interest in any of the following items?****Current value of the portion you own?**
Do not deduct secured claims or exemptions.**6. Household goods and furnishings***Examples:* Major appliances, furniture, linens, china, kitchenware☐ No☒ Yes. Describe.**See Attached.****\$3,925.00****7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games☐ No☒ Yes. Describe.**See Attached.****\$4,400.00****8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles☐ No☒ Yes. Describe.**Books, DVDS****\$100.00****9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments☒ No☐ Yes. Describe.**10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☐ No☒ Yes. Describe.**Omega AR12 Shotgun: \$300
C&Y 9mm: \$200****\$500.00****11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☐ No☒ Yes. Describe.**Clothing (Adults, Children)****\$5,600.00**

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No☒ Yes. Describe.**Rings, Watches, Costume Jewelry****\$3,000.00****13. Non-farm animals**

Examples: Dogs, cats, birds, horses

☐ No☒ Yes. Describe.**3 dogs****\$700.00****14. Any other personal and household items you did not already list, including any health aids you did not list**☐ No☒ Yes. Give specific information.**2 Storage Containers****\$5,000.00****15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here****\$23,225.00****Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**
Do not deduct secured claims or exemptions.**16. Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☒ No☐ Yes Cash:**17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No☒ Yes

Institution name:

Wells Fargo

17.1. Checking account:

Account Number: 8841**\$392.27****Wells Fargo**

17.2. Savings account:

Account Number: 1192**\$75.73**

17.3. Other financial account:

Paypal**\$0.00**

17.4. Other financial account:

Paypal Adriana**\$0.00**

17.5. Other financial account:

Venmo**\$0.00**

17.6. Other financial account:

Venmo Adriana**\$0.00**

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts☒ No☐ Yes Institution or issuer name:

_____	_____
_____	_____
_____	_____

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture☒ No☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

_____	_____	_____
_____	_____	_____
_____	_____	_____

20. Government and corporate bonds and other negotiable and non-negotiable instruments*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.☒ No☐ Yes. Give specific information about them.....

Issuer name:

_____	_____
_____	_____
_____	_____

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans☒ No☐ Yes. List each account separately.

Type of account:

Institution name:

401(k) or similar plan:

Pension plan:

IRA:

Retirement account:

Keogh:

Additional account:

Additional account:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others☒ No☐ Yes

Institution name or individual:

Electric:

Gas:

Heating oil:

Security deposit on rental unit:

Prepaid rent:

Telephone:

Water:

Rented furniture:

Other:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes

Issuer name and description:

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit☒ No☐ Yes. Give specific information about them. ...

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26. Patents, copyrights, trademarks, trade secrets, and other intellectual property*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them. ...

27. Licenses, franchises, and other general intangibles*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific information about them. ...

Money or property owed to you?**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

28. Tax refunds owed to you☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.

Federal: _____

State: _____

Local: _____

29. Family support*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement☒ No☐ Yes. Give specific information.

Alimony: _____

Maintenance: _____

Support: _____

Divorce settlement: _____

Property settlement: _____

30. Other amounts someone owes you*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☒ No☐ Yes. Give specific information.

31. Interests in insurance policies*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☒ No☐ Yes. Name the insurance company of each policy and list its value. ... Company name: Beneficiary: Surrender or refund value:

_____	_____	_____
_____	_____	_____
_____	_____	_____

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information.

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment*Examples:* Accidents, employment disputes, insurance claims, or rights to sue☒ No☐ Yes. Describe each claim.

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims☒ No☐ Yes. Describe each claim.

35. Any financial assets you did not already list☒ No☐ Yes. Give specific information.

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here**\$468.00****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**☒ No. Go to Part 6.☐ Yes. Go to line 38.**Current value of the portion you own?**
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned☒ No☐ Yes. Describe.

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☒ No☐ Yes. Describe.

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade☒ No☐ Yes. Describe.

41. Inventory☒ No☐ Yes. Describe.

42. Interests in partnerships or joint ventures☒ No☐ Yes. Describe

Name of entity:

% of ownership:

43. Customer lists, mailing lists, or other compilations☒ No☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?☐ No☐ Yes. Describe.

44. Any business-related property you did not already list

- ☒ No
- ☐ Yes. Give specific information

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here

**\$0.00****Part 6:**

Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☐ No. Go to Part 7.
- ☒ Yes. Go to line 47.

**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

- ☐ No
- ☒ Yes

14 Goats**\$600.00**

48. Crops—either growing or harvested

- ☒ No
- ☐ Yes. Give specific information.

--

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

- ☒ No
- ☐ Yes

--

50. Farm and fishing supplies, chemicals, and feed

- ☒ No
- ☐ Yes

--

51. Any farm- and commercial fishing-related property you did not already list

☒ No☐ Yes. Give specific information.

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here

**\$600.00****Part 7:** Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership☒ No☐ Yes. Give specific information.

54. Add the dollar value of all of your entries from Part 7. Write that number here

**\$0.00****Part 8:** List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2

**\$629,373.00**56. Part 2: Total vehicles, line 5 **\$26,900.00**57. Part 3: Total personal and household items, line 15 **\$23,225.00**58. Part 4: Total financial assets, line 36 **\$468.00**59. Part 5: Total business-related property, line 45 **\$0.00**60. Part 6: Total farm- and fishing-related property, line 52 **\$600.00**61. Part 7: Total other property not listed, line 54 + **\$0.00**

62. Total personal property. Add lines 56 through 61.

\$51,193.00

Copy personal property total →

+ \$51,193.00

63. Total of all property on Schedule A/B. Add line 55 + line 62.

\$680,566.00

Continuation Page

6.	Household goods and furnishings	
	Bed	\$200.00
	China / Silverware	\$100.00
	Clothes Dryer	\$200.00
	Dining Table / Chairs	\$100.00
	Dish Washer	\$40.00
	Dishes / Flatware	\$400.00
	Dressers / Nightstands	\$200.00
	End Tables	\$20.00
	Freezer	\$60.00
	Kitchen Table / Chairs	\$75.00
	Lawnmower	\$1,000.00
	Microwave	\$30.00
	Pots / Pans / Cookware	\$100.00
	Refrigerator / Freezer	\$500.00
	Sofa	\$500.00
	Stove / Range	\$100.00
	Washing Machine	\$300.00
7.	Electronics	
	Blue Tooth Speaker / Surround System	\$1,500.00
	Cellular Telephone	\$500.00
	Personal Computer / Printer / Laptop / Ipads / Tablet	\$2,000.00
	Television	\$400.00

Fill in this information to identify your case:

Debtor 1	Richard	Thomas	Green, Jr
	First Name	Middle Name	Last Name
Debtor 2	Adriana	Cordeiro	Green
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Western District of Texas			
Case number _____ (if known)			

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. **Which set of exemptions are you claiming?** *Check one only, even if your spouse is filing with you.*

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. **For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.**

Brief description of the property and line on <i>Schedule A/B</i> that lists this property		Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Brief description: 1112 League Line Road Paige, TX 78659 1112 League Line Road Paige, TX 78659		\$629,373.00	<input checked="" type="checkbox"/> \$236,843.92 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Const. art. 16 §§ 50, 51, Texas Prop. Code §§ 41.001-.002
Line from <i>Schedule A/B</i> : 1.1				

3. **Are you claiming a homestead exemption of more than \$189,050?**

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☐ No
☒ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
☒ No
☐ Yes

Debtor 1 Richard Thomas Green, Jr Case number (if known) _____
 Debtor 2 Adriana Cordeiro Green
 First Name Middle Name Last Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: <u>2008 Ford F250</u> Line from Schedule A/B: <u>3.1</u>	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> <u>\$1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)</u>
Brief description: <u>2019 Nissan Armada</u> Line from Schedule A/B: <u>3.2</u>	<u>\$20,900.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)</u>
Brief description: <u>Sofa</u> Line from Schedule A/B: <u>6</u>	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)</u>
Brief description: <u>End Tables</u> Line from Schedule A/B: <u>6</u>	<u>\$20.00</u>	<input checked="" type="checkbox"/> <u>\$20.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)</u>
Brief description: <u>Dining Table / Chairs</u> Line from Schedule A/B: <u>6</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)</u>
Brief description: <u>Refrigerator / Freezer</u> Line from Schedule A/B: <u>6</u>	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)</u>
Brief description: <u>Freezer</u> Line from Schedule A/B: <u>6</u>	<u>\$60.00</u>	<input checked="" type="checkbox"/> <u>\$60.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)</u>

Debtor 1 Richard Thomas Green, Jr Case number (if known) _____
 Debtor 2 Adriana Cordeiro Green
 First Name Middle Name Last Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: <u>Stove / Range</u> Line from Schedule A/B: <u>6</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)</u>
Brief description: <u>Microwave</u> Line from Schedule A/B: <u>6</u>	<u>\$30.00</u>	<input checked="" type="checkbox"/> <u>\$30.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)</u>
Brief description: <u>Dish Washer</u> Line from Schedule A/B: <u>6</u>	<u>\$40.00</u>	<input checked="" type="checkbox"/> <u>\$40.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)</u>
Brief description: <u>Washing Machine</u> Line from Schedule A/B: <u>6</u>	<u>\$300.00</u>	<input checked="" type="checkbox"/> <u>\$300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)</u>
Brief description: <u>Clothes Dryer</u> Line from Schedule A/B: <u>6</u>	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)</u>
Brief description: <u>Dishes / Flatware</u> Line from Schedule A/B: <u>6</u>	<u>\$400.00</u>	<input checked="" type="checkbox"/> <u>\$400.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)</u>
Brief description: <u>China / Silverware</u> Line from Schedule A/B: <u>6</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)</u>
Brief description: <u>Pots / Pans / Cookware</u> Line from Schedule A/B: <u>6</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)</u>
Brief description: <u>Bed</u> Line from Schedule A/B: <u>6</u>	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)</u>

Debtor 1 Richard Thomas Green, Jr Case number (if known) _____
 Debtor 2 Adriana Cordeiro Green
 First Name Middle Name Last Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Brief description: <u>Dressers / Nightstands</u> Line from Schedule A/B: <u>6</u>	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)</u>
Brief description: <u>Lawnmower</u> Line from Schedule A/B: <u>6</u>	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> <u>\$1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)</u>
Brief description: <u>Kitchen Table / Chairs</u> Line from Schedule A/B: <u>6</u>	<u>\$75.00</u>	<input checked="" type="checkbox"/> <u>\$75.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)</u>
Brief description: <u>Television</u> Line from Schedule A/B: <u>7</u>	<u>\$400.00</u>	<input checked="" type="checkbox"/> <u>\$400.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)</u>
Brief description: <u>Personal Computer / Printer / Laptop / I pads / Tablet</u> Line from Schedule A/B: <u>7</u>	<u>\$2,000.00</u>	<input checked="" type="checkbox"/> <u>\$2,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)</u>
Brief description: <u>Blue Tooth Speaker / Surround System</u> Line from Schedule A/B: <u>7</u>	<u>\$1,500.00</u>	<input checked="" type="checkbox"/> <u>\$1,500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)</u>
Brief description: <u>Cellular Telephone</u> Line from Schedule A/B: <u>7</u>	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)</u>
Brief description: <u>Books, DVDS</u> Line from Schedule A/B: <u>8</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)</u>
Brief description: <u>Omega AR12 Shotgun: \$300 C&Y 9mm: \$200</u> Line from Schedule A/B: <u>10</u>	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(7)</u>

Debtor 1 Richard Thomas Green, Jr Case number (if known) _____

Debtor 2 Adriana Cordeiro Green

First Name Middle Name Last Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: <u>Clothing (Adults, Children)</u> Line from Schedule A/B: <u>11</u>	<u>\$5,600.00</u>	<input checked="" type="checkbox"/> <u>\$5,600.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(5)</u>
Brief description: <u>Rings, Watches, Costume Jewelry</u> Line from Schedule A/B: <u>12</u>	<u>\$3,000.00</u>	<input checked="" type="checkbox"/> <u>\$3,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(6)</u>
Brief description: <u>3 dogs</u> Line from Schedule A/B: <u>13</u>	<u>\$700.00</u>	<input checked="" type="checkbox"/> <u>\$700.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(11)</u>
Brief description: <u>2 Storage Containers</u> Line from Schedule A/B: <u>14</u>	<u>\$5,000.00</u>	<input checked="" type="checkbox"/> <u>\$5,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)</u>
Brief description: <u>14 Goats</u> Line from Schedule A/B: <u>47</u>	<u>\$600.00</u>	<input checked="" type="checkbox"/> <u>\$600.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(10)</u>

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION**

IN RE: **Richard Thomas Green Jr**
Adriana Cordeiro Green

CASE NO
CHAPTER 13

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Exemption Totals by Category:

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: **State**

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
1.	Real Estate	\$629,373.00	\$392,529.08	\$236,843.92	\$236,843.92	\$0.00
3.	Motor vehicle	\$1,000.00	\$0.00	\$1,000.00	\$1,000.00	\$0.00
4.	Watercraft, trailers, motors homes, and accessories	\$500.00	\$0.00	\$500.00	\$0.00	\$500.00
6.	Household goods and furnishings	\$3,925.00	\$0.00	\$3,925.00	\$3,925.00	\$0.00
7.	Electronics	\$4,400.00	\$0.00	\$4,400.00	\$4,400.00	\$0.00
8.	Collectibles of value	\$100.00	\$0.00	\$100.00	\$100.00	\$0.00
9.	Equipment for sports and hobbies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10.	Firearms	\$500.00	\$0.00	\$500.00	\$500.00	\$0.00
11.	Clothes	\$5,600.00	\$0.00	\$5,600.00	\$5,600.00	\$0.00
12.	Jewelry	\$3,000.00	\$0.00	\$3,000.00	\$3,000.00	\$0.00
13.	Nonfarm animals	\$700.00	\$0.00	\$700.00	\$700.00	\$0.00
14.	Other	\$5,000.00	\$0.00	\$5,000.00	\$5,000.00	\$0.00
16.	Cash	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17.	Deposits of money	\$468.00	\$0.00	\$468.00	\$0.00	\$468.00
18.	Bonds, mutual funds, or publicly traded stocks	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19.	Business Interests, LLC's, Partnerships, Joint Ventures and Nonpublicly traded stock	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20.	Bonds and other financial instruments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21.	Retirement or pension accounts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22.	Security deposits and prepayments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23.	Annuities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24.	Interest in a qualified education fund, such as an education IRA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25.	Trusts, equitable or future interests in property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION**

IN RE: **Richard Thomas Green Jr**
 Adriana Cordeiro Green

CASE NO

CHAPTER 13

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet #1

Exemption Totals by Category:

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: **State**

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
26.	Copyrights, trademarks, websites and other intellectual property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27.	Licenses, Franchises, and other general intangibles	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28.	Tax refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29.	Family support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30.	Other amounts owed to the debtor	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31.	Insurance policies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32.	Interest in property from deceased	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33.	Claims against third parties	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
34.	All other claims, includes contingent/unliquidated claims, counter claims, and creditor set offs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
35.	Other financial asset	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
38.	Accounts receivable	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
39.	Office equipment, furnishings, and supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
40.	Machinery, fixtures and equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
41.	Inventory	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
42.	Interests in partnerships or joint ventures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
43.	Customer lists	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
44.	Other businessrelated property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
47.	Farm animals	\$600.00	\$0.00	\$600.00	\$600.00	\$0.00
48.	Crops	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
49.	Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
50.	Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION**

IN RE: **Richard Thomas Green Jr**
 Adriana Cordeiro Green

CASE NO

CHAPTER 13

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet #2

Exemption Totals by Category:

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: **State**

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
51.	Other farm or fishing related property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
53.	Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTALS:		\$655,166.00	\$392,529.08	\$262,636.92	\$261,668.92	\$968.00

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION**

IN RE: **Richard Thomas Green Jr**
 Adriana Cordeiro Green

CASE NO

CHAPTER 13

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet #3

Surrendered Property:

The following property is to be surrendered by the debtor. Although this property is NOT exempt, it is NOT considered "non-exempt" for purposes of this analysis. The below listed items are to be returned to the lienholder

Property Description	Market Value	Lien	Equity
<u>Real Property</u>			
(None)			
<u>Personal Property</u>			
(None)			
TOTALS:	\$0.00	\$0.00	\$0.00

Non-exempt Property by Item:

The following property, or a portion thereof, is non-exempt.

Property Description	Market Value	Lien	Equity	Non-Exempt Amount
<u>Real Property</u>				
(None)				
<u>Personal Property</u>				
Wells Fargo Checking account Acct. No.: 8841	\$392.27	\$0.00	\$392.27	\$392.27
Wells Fargo Savings account Acct. No.: 1192	\$75.73	\$0.00	\$75.73	\$75.73
2010 Seadoo X20	\$500.00	\$0.00	\$500.00	\$500.00
TOTALS:	\$655,166.00	\$392,529.08	\$262,636.92	\$968.00

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION**

IN RE: **Richard Thomas Green Jr**
 Adriana Cordeiro Green

CASE NO

CHAPTER 13

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet #4

Summary	
A. Gross Property Value (not including surrendered property)	\$655,166.00
B. Gross Property Value of Surrendered Property	\$0.00
C. Total Gross Property Value (A+B)	\$655,166.00
D. Gross Amount of Encumbrances (not including surrendered property)	\$392,529.08
E. Gross Amount of Encumbrances on Surrendered Property	\$0.00
F. Total Gross Encumbrances (D+E)	\$392,529.08
G. Total Equity (not including surrendered property) / (A-D)	\$262,636.92
H. Total Equity in surrendered items (B-E)	\$0.00
I. Total Equity (C-F)	\$262,636.92
J. Total Exemptions Claimed	\$261,668.92
K. Total Non-Exempt Property Remaining (G-J)	\$968.00

Fill in this information to identify your case:

Debtor 1 **Richard Thomas Green, Jr**
First Name Middle Name Last Name

Debtor 2 **Adriana Cordeiro Green**
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Western** District of **Texas**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A	Column B	Column C
Amount of claim	Value of collateral that supports this claim	Unsecured portion
Do not deduct the value of collateral.		If any

2.1	Bastrop County Appraisal	Describe the property that secures the claim:	\$8,466.64	\$629,373.00	\$0.00
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Creditor's Name

c/oLinebarger Goggan Blair & Sampson LLP

2323 Bryan Street Ste 1600

Number Street

Dallas, TX 75201

City State ZIP Code

Who owes the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☒ Check if this claim relates to a community debt

Date debt was incurred **2024** Last 4 digits of account number _____

1112 League Line Road Paige, TX 78659

1112 League Line Road Paige, TX 78659

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
- ☒ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ☒ Other (including a right to offset) **Property Taxes**

Add the dollar value of your entries in Column A on this page. Write that number here:

\$8,466.64

Debtor 1 Richard Thomas Green, Jr Case number (if known) _____
 Debtor 2 Adriana Cordeiro Green
 First Name Middle Name Last Name

Part 1:	Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Column A	Column B	Column C
		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.2	Nationstar Mortgage LLC Describe the property that secures the claim: <u>\$297,309.51</u> Creditor's Name <u>Bankruptcy Department</u> <u>PO Box 619096</u> Number Street <u>Dallas, TX 75265</u> City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____ Last 4 digits of account number _____ 1112 League Line Road Paige, TX 78659 1112 League Line Road Paige, TX 78659 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Deed of Trust</u>	<u>\$297,309.51</u>	<u>\$629,373.00</u>	<u>\$0.00</u>
2.3	Sheffield Financial Describe the property that secures the claim: <u>\$4,643.00</u> Creditor's Name <u>a division of Truist Bank</u> <u>PO Box 1847</u> Number Street <u>Wilson, NC 27894</u> City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>3/1/2021</u> Last 4 digits of account number <u>1 4 0 3</u> 2023 Badboy Rogue Lawnmower As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Certificate of Title</u>	<u>\$4,643.00</u>	<u>\$4,500.00</u>	<u>\$143.00</u>
Add the dollar value of your entries in Column A on this page. Write that number here:		<u>\$301,952.51</u>		
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:				

Debtor 1 Richard Thomas Green, Jr Case number (if known) _____

Debtor 2 Adriana Cordeiro Green

 First Name Middle Name Last Name

Part 1:	Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Column A	Column B	Column C
		Amount of claim	Value of collateral that supports this claim	Unsecured portion
		Do not deduct the value of collateral.		If any
2.4	U.S. Depart Housing & Urban Development Creditor's Name 307 W 7th St Ste. 1000 Number Street Fort Worth, TX 76102 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____	Describe the property that secures the claim: \$86,752.93 <div>1112 League Line Road Paige, TX 78659</div> 1112 League Line Road Paige, TX 78659 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Deed of Trust</u> Last 4 digits of account number _____	\$629,373.00	\$0.00
2.5	Wells Fargo Bank, N.A. Creditor's Name dba Wells Fargo Auto PO Box 169005 Number Street Irving, TX 75016 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____	Describe the property that secures the claim: \$31,891.64 <div>2019 Nissan Armada</div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Certificate of Title</u> Last 4 digits of account number _____	\$20,900.00	\$10,991.64
Add the dollar value of your entries in Column A on this page. Write that number here:		\$118,644.57		
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:		\$429,063.72		

Fill in this information to identify your case:

Debtor 1 Richard Thomas Green, Jr
First Name Middle Name Last Name

Debtor 2 Adriana Cordeiro Green
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Texas

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

			Total claim	Priority amount	Nonpriority amount
2.1	Allmand Law Firm, PLLC	Last 4 digits of account number _____	\$3,472.00	\$3,472.00	\$0.00
	Priority Creditor's Name 860 Airport Fwy Ste 401	When was the debt incurred? _____			
	Number Street				
	Hurst, TX 76054-3264	As of the date you file, the claim is: Check all that apply.			
	City State ZIP Code	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt	Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Attorney Fees			
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Richard Thomas Green, Jr Case number (if known) _____

Debtor 2 Adriana Cordeiro Green

First Name Middle Name Last Name

Part 1:

Your **PRIORITY** Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.			Total claim	Priority amount	Nonpriority amount
2.2	Internal Revenue Service Priority Creditor's Name Centralized Insolvency Operations PO Box 7346 Number Street Philadelphia, PA 19101-7346 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$30,000.00	\$30,000.00	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt			Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					

Debtor 1 Richard Thomas Green, Jr Case number (if known) _____
Debtor 2 Adriana Cordeiro Green
First Name Middle Name Last Name

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

				Total claim
4.1	Acadian	Last 4 digits of account number	<u>8 1 3 6</u>	\$2,048.31
Nonpriority Creditor's Name		When was the debt incurred?		
<u>130 Kaliste Saloom Road</u>		<u>4/26/2021</u>		
<u>PO Box 92970</u>		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent		
<u>Lafayette, LA 70509</u>		<input type="checkbox"/> Unliquidated		
City State ZIP Code		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify _____		
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
4.2	Affirm, Inc.	Last 4 digits of account number	_____	\$47.70
Nonpriority Creditor's Name		When was the debt incurred?		
<u>c/o Resurgent Capital Services</u>		_____		
<u>PO Box 10587</u>		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent		
<u>Greenville, SC 29603</u>		<input type="checkbox"/> Unliquidated		
City State ZIP Code		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify <u>Charge Account</u>		
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1 Richard Thomas Green, Jr Case number (if known) _____

Debtor 2 Adriana Cordeiro Green _____

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.3	Affirm, Inc. Nonpriority Creditor's Name c/o Resurgent Capital Services PO Box 10587 Number Street Greenville, SC 29603 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Charge Account</u>	\$54.96
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4.4	Air Evac EMS Nonpriority Creditor's Name C/O Wakefield & Associates LLLC PO Box 58 Number Street Fort Morgan, CO 80701 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Agency</u>	\$68,541.00
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Debtor 1 Richard Thomas Green, Jr Case number (if known) _____
Debtor 2 Adriana Cordeiro Green _____
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.5	Air Evac Lifeteam	Last 4 digits of account number	<u>9</u> <u>8</u> <u>8</u> <u>1</u>	\$68,541.00
Nonpriority Creditor's Name		When was the debt incurred?		
Po Box 106		<u>6/12/2023</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
West Plains, MO 65775		<input type="checkbox"/> Contingent		
City State ZIP Code		<input type="checkbox"/> Unliquidated		
Who incurred the debt? Check one.		<input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Student loans		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

4.6	American First Finance, LLC	Last 4 digits of account number	_____	\$2,690.75
Nonpriority Creditor's Name		When was the debt incurred?		
c/o Becket & Lee LLP		_____		
PO Box 3002		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent		
Malvern, PA 19355		<input type="checkbox"/> Unliquidated		
City State ZIP Code		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify <u>Charge Account</u>		
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1 Richard Thomas Green, Jr Case number (if known) _____
Debtor 2 Adriana Cordeiro Green
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.7	ARA Diagnostic Imaging	Last 4 digits of account number	<u>6</u> <u>0</u> <u>4</u> <u>0</u>	\$2,730.00
Nonpriority Creditor's Name		When was the debt incurred?		
PO Box 208108		<u>6/30/2023</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
Dallas, TX 75320		<input type="checkbox"/> Contingent		
City State ZIP Code		<input type="checkbox"/> Unliquidated		
Who incurred the debt? Check one.		<input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Student loans		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

4.8	ARA Diagnostic Imaging	Last 4 digits of account number	<u>6</u> <u>0</u> <u>4</u> <u>0</u>	\$556.00
Nonpriority Creditor's Name		When was the debt incurred?		
PO Box 208108		<u>5/21/2023</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
Dallas, TX 75320		<input type="checkbox"/> Contingent		
City State ZIP Code		<input type="checkbox"/> Unliquidated		
Who incurred the debt? Check one.		<input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Student loans		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1 Richard Thomas Green, Jr Case number (if known) _____
Debtor 2 Adriana Cordeiro Green
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.9 ARA Diagnostic Imaging Last 4 digits of account number 6 0 4 0 \$126.00

Nonpriority Creditor's Name

PO Box 208108

When was the debt incurred? 11/18/2022

Number Street

As of the date you file, the claim is: Check all that apply.

Dallas, TX 75320

- ☐ Contingent
☐ Unliquidated
☐ Disputed

City State ZIP Code

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Medical Bill

Is the claim subject to offset?

- ☒ No
☐ Yes

4.10 Ascension Seton Last 4 digits of account number 4 7 3 1 \$118,899.50

Nonpriority Creditor's Name

Po Box 1259 Dept 168730

When was the debt incurred? 5/20/2023

Number Street

As of the date you file, the claim is: Check all that apply.

Oaks, PA 19456

- ☐ Contingent
☐ Unliquidated
☐ Disputed

City State ZIP Code

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Medical Bill

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1 Richard Thomas Green, Jr Case number (if known) _____
Debtor 2 Adriana Cordeiro Green
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.11	Ascension Seton Nonpriority Creditor's Name Po Box 1259 Dept 168730 Number Street Oaks, PA 19456 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>9 2 3 2</u> When was the debt incurred? <u>5/9/2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	\$8,064.30
4.12	Ascension Seton Hays Nonpriority Creditor's Name 6001 Kyle Pkwy Number Street Kyle, TX 78640 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>9 9 6 6</u> When was the debt incurred? <u>6/11/2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	\$10,739.00

Debtor 1 Richard Thomas Green, Jr Case number (if known) _____
Debtor 2 Adriana Cordeiro Green
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.13	Ascension Seton Hays	Last 4 digits of account number	<u>6</u> <u>4</u> <u>4</u> <u>5</u>	\$9,850.00
Nonpriority Creditor's Name		When was the debt incurred? <u>5/27/2023</u>		
<u>6001 Kyle Pkwy</u>				
Number Street				
<u>Kyle, TX 78640</u>				
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>				

4.14	Ascension Seton Hays	Last 4 digits of account number	<u>5</u> <u>4</u> <u>2</u> <u>3</u>	\$889.00
Nonpriority Creditor's Name		When was the debt incurred? <u>2/15/2023</u>		
<u>6001 Kyle Pkwy</u>				
Number Street				
<u>Kyle, TX 78640</u>				
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>				

Debtor 1 Richard Thomas Green, Jr Case number (if known) _____
Debtor 2 Adriana Cordeiro Green
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.15 Ascension Seton Hays Last 4 digits of account number 1 0 2 7 \$7,373.80

Nonpriority Creditor's Name

6001 Kyle Pkwy

Number Street

Kyle, TX 78640

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred?

10/9/2022

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Medical Bill

4.16 Ascension Seton Smithville Last 4 digits of account number 6 1 8 7 \$672.92

Nonpriority Creditor's Name

PO Box 204398

Number Street

Dallas, TX 75320-4398

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred?

12/1/2021

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

Debtor 1 Richard Thomas Green, Jr Case number (if known) _____
 Debtor 2 Adriana Cordeiro Green
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.17 AssetCare Last 4 digits of account number 7 8 8 8 **\$985.00**

Nonpriority Creditor's Name

Attn: Bankruptcy

When was the debt incurred? 10/2/2024

PO Box 1127

As of the date you file, the claim is: Check all that apply.

Number Street

☐ Contingent

Sherman, TX 75091

☐ Unliquidated

City State ZIP Code

☐ Disputed

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

☒ Debtor 1 only

☐ Student loans

☐ Debtor 2 only

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debtor 1 and Debtor 2 only

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

☒ Other. Specify Collecting for MEDICAL

Is the claim subject to offset?

☒ No

☐ Yes

4.18 Austin Emergency Center Last 4 digits of account number 8 7 0 2 **\$854.00**

Nonpriority Creditor's Name

4700 W Sam Houston Pkwy N 140

When was the debt incurred? 6/10/2021

Number Street

As of the date you file, the claim is: Check all that apply.

Houston, TX 77041

☐ Contingent

City State ZIP Code

☐ Unliquidated

☐ Disputed

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

☐ Debtor 1 only

☐ Student loans

☐ Debtor 2 only

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ Debtor 1 and Debtor 2 only

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

☒ Other. Specify Medical Bill

Is the claim subject to offset?

☒ No

☐ Yes

Debtor 1 Richard Thomas Green, Jr Case number (if known) _____
 Debtor 2 Adriana Cordeiro Green
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.19	Austin Pathology Associates Nonpriority Creditor's Name <u>PO Box 203294</u> Number Street <u>Dallas, TX 75320-3294</u> City State ZIP Code	Last 4 digits of account number <u>1 0 7 1</u> When was the debt incurred? <u>2/13/2021</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$185.00</u>
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.20	Capio Partners Nonpriority Creditor's Name <u>3400 Texoma Parkway Suite 150</u> Number Street <u>Sherman, TX 75090</u> City State ZIP Code	Last 4 digits of account number <u>0 3 6 9</u> When was the debt incurred? <u>1/10/2022</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$465.61</u>
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Richard Thomas Green, Jr Case number (if known) _____
Debtor 2 Adriana Cordeiro Green
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.21	Capio Partners	Last 4 digits of account number	<u>5</u> <u>4</u> <u>2</u> <u>2</u>	\$597.00
Nonpriority Creditor's Name		When was the debt incurred? <u>10/22/2020</u>		
<u>3400 Texoma Parkway Suite 150</u>				
Number Street				
<u>Sherman, TX 75090</u>		As of the date you file, the claim is: Check all that apply.		
City State ZIP Code		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>		
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

4.22	Capio Partners	Last 4 digits of account number	<u>1</u> <u>9</u> <u>8</u> <u>3</u>	\$2,050.16
Nonpriority Creditor's Name		When was the debt incurred? <u>1/20/2021</u>		
<u>3400 Texoma Parkway Suite 150</u>				
Number Street				
<u>Sherman, TX 75090</u>		As of the date you file, the claim is: Check all that apply.		
City State ZIP Code		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>		
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1 Richard Thomas Green, Jr Case number (if known) _____

Debtor 2 Adriana Cordeiro Green

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.23	Capital One N.A. Nonpriority Creditor's Name by American InfoSource as Agent PO Box 71083 Number Street Charlotte, NC 28272 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,487.33
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Charge Account</u>	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.24	Capital One N.A. Nonpriority Creditor's Name by American InfoSource as Agent PO Box 71083 Number Street Charlotte, NC 28272 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$609.92
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Richard Thomas Green, Jr Case number (if known) _____
Debtor 2 Adriana Cordeiro Green
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.25	Citibank	Last 4 digits of account number	<u>2</u> <u>1</u> <u>7</u> <u>5</u>	\$9,748.00
Nonpriority Creditor's Name		When was the debt incurred?		
Centralized Bk dept		<u>7/1/2006</u>		
PO Box 790034		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent		
St Louis, MO 63179		<input type="checkbox"/> Unliquidated		
City State ZIP Code		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <u>Charge Account</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

4.26	City Ambulance Service	Last 4 digits of account number	<u>4</u> <u>3</u> <u>2</u> <u>2</u>	\$5,271.55
Nonpriority Creditor's Name		When was the debt incurred?		
PO Box 691067		<u>3/2/2023</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
Houston, TX 77269-1067		<input type="checkbox"/> Contingent		
City State ZIP Code		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1 Richard Thomas Green, Jr Case number (if known) _____
 Debtor 2 Adriana Cordeiro Green
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.27	Dell Seton Medical Center at UT	Last 4 digits of account number	<u>2 6 0 4</u>	\$29,556.80
Nonpriority Creditor's Name		When was the debt incurred?		
PO Box 204340		<u>10/23/2020</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
Dallas, TX 75320		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code		Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one.		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.28	Frost - Arnett Company	Last 4 digits of account number	<u>1 4 9 6</u>	\$672.92
Nonpriority Creditor's Name		When was the debt incurred?		
Attn: Bankruptcy		<u>3/2/2023</u>		
Po Box 198988		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Nashville, TN 37219-8988		Type of NONPRIORITY unsecured claim:		
City State ZIP Code		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
Who incurred the debt? Check one.		<input checked="" type="checkbox"/> Other. Specify _____		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Richard Thomas Green, Jr Case number (if known) _____
 Debtor 2 Adriana Cordeiro Green
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.29	Frost-Arnett Nonpriority Creditor's Name Attn: Bankruptcy PO Box 198988 Number Street Nashville, TN 37219 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5 2 4 0</u> When was the debt incurred? <u>4/20/2021</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$1,130.48
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4.30	Goldman Sachs Bank USA Nonpriority Creditor's Name Attn: Bankruptcy PO Box 7247 Number Street Philadelphia, PA 19170 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8 1 7 0</u> When was the debt incurred? <u>11/1/2021</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	\$3,495.00
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Debtor 1 Richard Thomas Green, Jr Case number (if known) _____
 Debtor 2 Adriana Cordeiro Green
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.31	Hospitalist Medicine Physicians of TX Nonpriority Creditor's Name PO Box 1123 Number Street Minneapolis, MN 55440 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	\$2,192.00
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4.32	IC Systems, Inc Nonpriority Creditor's Name Attn: Bankruptcy PO Box 64444 Number Street Saint Paul, MN 55164 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>9 4 7 2</u> When was the debt incurred? <u>9/18/2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collecting For - 11 CHARTER COMMUNICATIONS</u>	\$262.00
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Debtor 1 Richard Thomas Green, Jr Case number (if known) _____

Debtor 2 Adriana Cordeiro Green _____

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.33	Jefferson Capital Systems LLC Nonpriority Creditor's Name Attn: Bankruptcy Po Box 7999 Number Street Saint Cloud, MN 56302-9617 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Agency</u>	\$587.70
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4.34	Jefferson Capital Systems LLC Nonpriority Creditor's Name Attn: Bankruptcy Po Box 7999 Number Street Saint Cloud, MN 56302-9617 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Agency</u>	\$796.98
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Debtor 1 Richard Thomas Green, Jr Case number (if known) _____

Debtor 2 Adriana Cordeiro Green _____

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.35	Jefferson Capital Systems, LLC	Last 4 digits of account number	<u>4</u> <u>0</u> <u>0</u> <u>3</u>	\$2,440.00
Nonpriority Creditor's Name		When was the debt incurred?		
PO Box 7999		<u>4/27/2023</u>		
Number Street				
Saint Cloud, MN 56302-9617		As of the date you file, the claim is: Check all that apply.		
City State ZIP Code		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input checked="" type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify <u>Collecting For - 12 PAYPAL CREDIT</u>		
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

4.36	Jefferson Capital Systems, LLC	Last 4 digits of account number	_____	\$2,440.87
Nonpriority Creditor's Name		When was the debt incurred?		
PO Box 7999		_____		
Number Street				
Saint Cloud, MN 56302-9617		As of the date you file, the claim is: Check all that apply.		
City State ZIP Code		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify <u>Collection Agency</u>		
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1 Richard Thomas Green, Jr Case number (if known) _____

Debtor 2 Adriana Cordeiro Green

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.37	LVNV Funding , LLC its Successors and as Nonpriority Creditor's Name Resurgent Capital Services PO Box 10587 Number Street Greenville, SC 29603 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Agency</u>	\$595.63
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4.38	LVNV Funding , LLC its Successors and as Nonpriority Creditor's Name Resurgent Capital Services PO Box 10587 Number Street Greenville, SC 29603 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Agency</u>	\$201.14
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Debtor 1 Richard Thomas Green, Jr Case number (if known) _____

Debtor 2 Adriana Cordeiro Green

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.39	LVNV Funding , LLC its Successors and as Nonpriority Creditor's Name Resurgent Capital Services PO Box 10587 Number Street Greenville, SC 29603 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Agency</u>	\$631.78
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4.40	LVNV Funding , LLC its Successors and as Nonpriority Creditor's Name Resurgent Capital Services PO Box 10587 Number Street Greenville, SC 29603 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Agency</u>	\$557.64
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Debtor 1 Richard Thomas Green, Jr Case number (if known) _____
 Debtor 2 Adriana Cordeiro Green
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.41	LVNV Funding , LLC its Successors and as Nonpriority Creditor's Name Resurgent Capital Services PO Box 10587 Number Street Greenville, SC 29603 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,047.89
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Agency</u>	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.42	MBA Law Nonpriority Creditor's Name 1313 N Travis St Suite 103 Number Street Sherman, TX 75092 City State ZIP Code	Last 4 digits of account number <u>9 9 3 9</u> When was the debt incurred? <u>1/3/2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$238.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Agency for Radiology Partners</u>	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Richard Thomas Green, Jr Case number (if known) _____

Debtor 2 Adriana Cordeiro Green _____

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.43	<u>Merrick Bank</u> Nonpriority Creditor's Name <u>c/o Resurgent Capital Serivces</u> <u>P.O. Box 10368</u> Number Street <u>Greenville, SC 29603</u> City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Charge Account</u>	<u>\$1,946.76</u>
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4.44	<u>MRV Banks</u> Nonpriority Creditor's Name <u>2700 S. Lorraine Place</u> Number Street <u>Sioux Falls, SD 57106</u> City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Charge Account</u>	<u>\$300.04</u>
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Debtor 1 Richard Thomas Green, Jr Case number (if known) _____

Debtor 2 Adriana Cordeiro Green _____

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.45 Municipal Services Bureau Last 4 digits of account number 7 5 7 1 \$923.95

Nonpriority Creditor's Name

PO Box 389

When was the debt incurred? 2/5/2021

Number Street

As of the date you file, the claim is: Check all that apply.

Arcade, NY 14009

- ☐ Contingent
☐ Unliquidated
☐ Disputed

City State ZIP Code

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

Is the claim subject to offset?

- ☒ No
☐ Yes

4.46 Online Information Service Last 4 digits of account number 8 5 0 8 \$737.00

Nonpriority Creditor's Name

Po Box 1489

When was the debt incurred? 1/25/2023

Number Street

As of the date you file, the claim is: Check all that apply.

Winterville, NC 28590

- ☐ Contingent
☐ Unliquidated
☐ Disputed

City State ZIP Code

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Collection Agency for Hospitalist Medicine Physicians Of Texas PLLC

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1 Richard Thomas Green, Jr Case number (if known) _____

Debtor 2 Adriana Cordeiro Green _____

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.47	Portfolio Recovery Associates	Last 4 digits of account number	_____	\$444.87
Nonpriority Creditor's Name		When was the debt incurred? _____		
P.O. Box 41067				
Number Street				
Norfolk, VA 23541				
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <u>Collection Agency</u>				

4.48	Quantum3 Group LLC	Last 4 digits of account number	_____	\$119.00
Nonpriority Creditor's Name		When was the debt incurred? _____		
CF Medical				
PO Box 788				
Number Street				
Kirkland, WA 98083				
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <u>Collection Agency</u>				

Debtor 1 Richard Thomas Green, Jr Case number (if known) _____

Debtor 2 Adriana Cordeiro Green _____

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.49	Quantum3 Group LLC	Last 4 digits of account number	_____	\$1,206.60
	Nonpriority Creditor's Name	When was the debt incurred?	_____	
	Katapult Group LLC			
	PO Box 788	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	Kirkland, WA 98083	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify <u>Collection Agency</u>		
	<input checked="" type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			

4.50	Quantum3 Group LLC	Last 4 digits of account number	_____	\$597.00
	Nonpriority Creditor's Name	When was the debt incurred?	_____	
	CF Medical			
	PO Box 788	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	Kirkland, WA 98083	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify <u>Collection Agency</u>		
	<input checked="" type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			

Debtor 1 Richard Thomas Green, Jr Case number (if known) _____
 Debtor 2 Adriana Cordeiro Green
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.51	Quantum3 Group LLC Nonpriority Creditor's Name CF Medical PO Box 788 Number Street Kirkland, WA 98083 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$119.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Agency</u>			

4.52	Quantum3 Group LLC as agent for Nonpriority Creditor's Name Genesis FS Card Services Inc PO Box 788 Number Street Kirkland, WA 98083 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$338.22
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Agency</u>			

Debtor 1 Richard Thomas Green, Jr Case number (if known) _____

Debtor 2 Adriana Cordeiro Green

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.53	Quantum3 Group LLC as agent for	Last 4 digits of account number _____	\$3,237.67
	Nonpriority Creditor's Name	When was the debt incurred? _____	
	Sadino Funding LLC		
	PO Box 788	As of the date you file, the claim is: Check all that apply.	
	Number Street	<input type="checkbox"/> Contingent	
	Kirkland, WA 98083	<input type="checkbox"/> Unliquidated	
	City State ZIP Code	<input type="checkbox"/> Disputed	
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify <u>Collection Agency</u>	
	<input checked="" type="checkbox"/> Check if this claim is for a community debt		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

4.54	Quantum3 Group LLC as agent for	Last 4 digits of account number _____	\$979.99
	Nonpriority Creditor's Name	When was the debt incurred? _____	
	Katapult Group LLC		
	PO Box 788	As of the date you file, the claim is: Check all that apply.	
	Number Street	<input type="checkbox"/> Contingent	
	Kirkland, WA 98083	<input type="checkbox"/> Unliquidated	
	City State ZIP Code	<input type="checkbox"/> Disputed	
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify <u>Collection Agency</u>	
	<input checked="" type="checkbox"/> Check if this claim is for a community debt		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Debtor 1 Richard Thomas Green, Jr Case number (if known) _____
 Debtor 2 Adriana Cordeiro Green
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.55	Quantum3 Group LLC as agent for Nonpriority Creditor's Name Katapult Group LLC PO Box 788 Number Street Kirkland, WA 98083 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,603.90
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Agency</u>	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.56	ReitPath Pathology Nonpriority Creditor's Name PO Box 28763 Number Street Austin, TX 78755 City State ZIP Code	Last 4 digits of account number <u>6 0 7 5</u> When was the debt incurred? <u>6/25/2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$415.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Richard Thomas Green, Jr Case number (if known) _____
Debtor 2 Adriana Cordeiro Green
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.57	ReitPath Pathology	Last 4 digits of account number	<u>6 0 7 5</u>	\$77.50
Nonpriority Creditor's Name		When was the debt incurred?		
PO Box 28763		<u>12/16/2022</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
Austin, TX 78755		<input type="checkbox"/> Contingent		
City State ZIP Code		<input type="checkbox"/> Unliquidated		
Who incurred the debt? Check one.		<input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Student loans		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

4.58	Security Service FCU	Last 4 digits of account number	_____	\$336.75
Nonpriority Creditor's Name		When was the debt incurred?		
Attn: Bankruptcy		_____		
P.O. Box 691510		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent		
San Antonio, TX 78269		<input type="checkbox"/> Unliquidated		
City State ZIP Code		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify <u>Charge Account</u>		
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1 Richard Thomas Green, Jr Case number (if known) _____

Debtor 2 Adriana Cordeiro Green _____

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.59	South Austin Hospital Nonpriority Creditor's Name c/o Resurgent Capital Services Po Box 1927 Number Street Greenville, SC 29602-1927 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	\$931.18
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4.60	Speedy Cash Nonpriority Creditor's Name PO Box 782260 Number Street Wichita, KS 67278 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Payday Loan</u>	\$936.10
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Debtor 1 Richard Thomas Green, Jr Case number (if known) _____
 Debtor 2 Adriana Cordeiro Green
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.61	St Davids Georgetown Nonpriority Creditor's Name Resurgent Capital Services PO Box Box 1927 Number Street Greenville, SC 29602 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	\$465.61
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4.62	St David's Georgetown Hospital Nonpriority Creditor's Name PO Box 99400 Number Street Louisville, KY 40269 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>2 3 6 0</u> When was the debt incurred? <u>5/23/2022</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	\$465.61
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Debtor 1 Richard Thomas Green, Jr Case number (if known) _____
 Debtor 2 Adriana Cordeiro Green
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.63	St. David's North Austin Medical Center Nonpriority Creditor's Name PO Box 99400 Number Street Louisville, KY 40269 City State ZIP Code	Last 4 digits of account number <u>2 3 4 6</u> When was the debt incurred? <u>1/24/2022</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	\$931.18
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.64	St. Davids South Austin Medical Center Nonpriority Creditor's Name PO Box 99400 Number Street Louisville, KY 40269 City State ZIP Code	Last 4 digits of account number <u>0 9 4 2</u> When was the debt incurred? <u>6/25/2021</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	\$789.68
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Richard Thomas Green, Jr Case number (if known) _____
Debtor 2 Adriana Cordeiro Green
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.65 Synerprise Consulting Services, Inc Last 4 digits of account number 5 8 0 7 \$1,081.00

Nonpriority Creditor's Name

Attn: Bankruptcy

When was the debt incurred? 2/1/2024

5651 Broadmoor

As of the date you file, the claim is: Check all that apply.

Number Street

☐ Contingent

Mission, KS 66202

☐ Unliquidated

City State ZIP Code

☐ Disputed

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

☒ Debtor 1 only

☐ Student loans

☐ Debtor 2 only

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debtor 1 and Debtor 2 only

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

☒ Other. Specify Collecting for MEDICAL

Is the claim subject to offset?

☒ No

☐ Yes

4.66 Team Health Last 4 digits of account number 4 7 8 3 \$922.00

Nonpriority Creditor's Name

BPHM Billing Center

When was the debt incurred? 4/5/2021

3225 N Star Circle

As of the date you file, the claim is: Check all that apply.

Number Street

☐ Contingent

Louisville, TN 37777

☐ Unliquidated

City State ZIP Code

☐ Disputed

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

☐ Debtor 1 only

☐ Student loans

☐ Debtor 2 only

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ Debtor 1 and Debtor 2 only

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

☒ Other. Specify Medical Bill

Is the claim subject to offset?

☒ No

☐ Yes

Debtor 1 Richard Thomas Green, Jr Case number (if known) _____
 Debtor 2 Adriana Cordeiro Green
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.67	Team Health	Last 4 digits of account number	<u>5</u> <u>7</u> <u>4</u> <u>3</u>	\$1,625.00
Nonpriority Creditor's Name		When was the debt incurred?		
Akron Billing Center		<u>2/21/2021</u>		
3585 Ridge Park Dr		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent		
Fairlawn, OH 44333-8203		<input type="checkbox"/> Unliquidated		
City State ZIP Code		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
4.68	Upstart	Last 4 digits of account number	<u>1</u> <u>8</u> <u>3</u> <u>7</u>	\$10,779.00
Nonpriority Creditor's Name		When was the debt incurred?		
Bankruptcy		<u>4/1/2021</u>		
Po Box 1931		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent		
Burlingame, CA 94011-1931		<input type="checkbox"/> Unliquidated		
City State ZIP Code		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
		Type of NONPRIORITY unsecured claim:		
		<input type="checkbox"/> Student loans		
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
		<input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>		
		Type of NONPRIORITY unsecured claim:		
		<input type="checkbox"/> Student loans		
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
		<input checked="" type="checkbox"/> Other. Specify <u>Charge Account</u>		

Debtor 1 Richard Thomas Green, Jr Case number (if known) _____
 Debtor 2 Adriana Cordeiro Green
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.69	US Anesthesia Partners Nonpriority Creditor's Name PO Box BOX 840855 Number Street Dallas, TX 75284 City State ZIP Code	Last 4 digits of account number <u>2 7 6 7</u> When was the debt incurred? <u>5/18/2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$1,800.90
<p>Who incurred the debt? Check one.</p> <p> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt </p> <p>Is the claim subject to offset?</p> <p> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </p>			

4.70	US Anesthesia Partners Nonpriority Creditor's Name 2600 North Loop West Suite 150 Number Street Houston, TX 77092 City State ZIP Code	Last 4 digits of account number <u>3 2 6 5</u> When was the debt incurred? <u>2/3/2021</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	\$2,000.00
<p>Who incurred the debt? Check one.</p> <p> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt </p> <p>Is the claim subject to offset?</p> <p> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </p>			

Debtor 1 Richard Thomas Green, Jr Case number (if known) _____

Debtor 2 Adriana Cordeiro Green _____

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.71	Utility Self-reported	Last 4 digits of account number	<u>8</u> <u>B</u> <u>0</u> <u>6</u>	\$476.00
Nonpriority Creditor's Name		When was the debt incurred? _____		
Po Box 4500				
Number Street				
Allen, TX 75013				
City State ZIP Code				
Who incurred the debt? Check one.		As of the date you file, the claim is: Check all that apply.		
<input checked="" type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Contingent		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Unliquidated		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Disputed		
<input type="checkbox"/> At least one of the debtors and another		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans		
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
		<input checked="" type="checkbox"/> Other. Specify <u>Collecting for CHKG/BLUEBONNET</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

4.72	Utility Self-reported	Last 4 digits of account number	<u>F</u> <u>C</u> <u>D</u> <u>5</u>	\$239.00
Nonpriority Creditor's Name		When was the debt incurred? _____		
Po Box 4500				
Number Street				
Allen, TX 75013				
City State ZIP Code				
Who incurred the debt? Check one.		As of the date you file, the claim is: Check all that apply.		
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Contingent		
<input checked="" type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Unliquidated		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Disputed		
<input type="checkbox"/> At least one of the debtors and another		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans		
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
		<input checked="" type="checkbox"/> Other. Specify <u>Collecting for CHKG/BLUEBONNET</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1	<u>Richard</u>	<u>Thomas</u>	<u>Green, Jr</u>	Case number (if known) _____
Debtor 2	<u>Adriana</u>	<u>Cordeiro</u>	<u>Green</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<p>4.73 <u>Verizon</u></p> <p>Nonpriority Creditor's Name</p> <p><u>by American InfoSource as Agent</u></p> <p><u>PO Box 4457</u></p> <p>Number <u> </u> Street <u> </u></p> <p><u>Houston, TX 77210</u></p> <p>City <u> </u> State <u> </u> ZIP Code <u> </u></p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u></p> <p>When was the debt incurred? <u> </u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Utilities</u></p>	<p><u>\$1,426.17</u></p>
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Case number (if known) _____

Fill in this information to identify your case:

Debtor 1	<u>Richard</u>	<u>Thomas</u>	<u>Green, Jr</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Adriana</u>	<u>Cordeiro</u>	<u>Green</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Texas</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	<u>Cricket Wireless</u> Name <u>1154 S. Abeline St.</u> Number Street <u>Aurora, CO 80012</u> City State ZIP Code	Cellphone Contract to be ASSUMED
2.2	 Name Number Street City State ZIP Code	
2.3	 Name Number Street City State ZIP Code	
2.4	 Name Number Street City State ZIP Code	

Fill in this information to identify your case:

Debtor 1 Richard Thomas Green, Jr
First Name Middle Name Last Name

Debtor 2 Adriana Cordeiro Green
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Texas

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No
☐ Yes

2. **Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☐ No. Go to line 3.
☒ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☒ Yes. In which community state or territory did you live? Texas. Fill in the name and current address of that person.

Adriana Cordeiro Green

Name of your spouse, former spouse, or legal equivalent

1112 League Line Road

Number Street

Paige, TX 78659

City State ZIP Code

☒ Yes. In which community state or territory did you live? Texas. Fill in the name and current address of that person.

Richard Thomas Green Jr

Name of your spouse, former spouse, or legal equivalent

1112 League Line Road

Number Street

Paige, TX 78659

City State ZIP Code

3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.**

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name

Number

Street

City

State

ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

Debtor 1

RichardThomasGreen, Jr

Case number (if known) _____

Debtor 2

AdrianaCordeiroGreen

First NameMiddle NameLast Name

Additional Page to List More Codebtors

	Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt
		Check all schedules that apply:
3.2	<div>Name</div> <div>NumberStreet</div> <div>CityStateZIP Code</div>	<div><input type="checkbox"/> Schedule D, line _____</div> <div><input type="checkbox"/> Schedule E/F, line _____</div> <div><input type="checkbox"/> Schedule G, line _____</div>

Fill in this information to identify your case:

Debtor 1	<u>Richard</u>	<u>Thomas</u>	<u>Green, Jr</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Adriana</u>	<u>Cordeiro</u>	<u>Green</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Texas</u>		
Case number (if known)	<u></u>		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

☒ Employed ☐ Not Employed

Electrician/ Account Manager

Weifield Group Contract

6950 South Jordan Road

Number Street

Englewood, CO 80112

City

State

Zip Code

Debtor 2 or non-filing spouse

☒ Employed ☐ Not Employed

Caretaker

Carter Williams

Number Street

City

State

Zip Code

2 years 1 month

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

For Debtor 1

For Debtor 2 or non-filing spouse

2. \$7,650.15 \$5,236.12

3. + \$0.00 + \$0.00

4. \$7,650.15 \$5,236.12

		For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here.....→	4.	\$7,650.15	\$5,236.12	
5. List all payroll deductions:				
5a. Tax, Medicare, and Social Security deductions	5a.	\$1,361.14	\$849.05	
5b. Mandatory contributions for retirement plans	5b.	\$0.00	\$0.00	
5c. Voluntary contributions for retirement plans	5c.	\$0.00	\$0.00	
5d. Required repayments of retirement fund loans	5d.	\$0.00	\$0.00	
5e. Insurance	5e.	\$0.00	\$0.00	
5f. Domestic support obligations	5f.	\$0.00	\$0.00	
5g. Union dues	5g.	\$0.00	\$0.00	
5h. Other deductions. Specify: <u>Auto</u>	5h. +	\$65.00	\$0.00	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$1,426.14	\$849.05	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$6,224.01	\$4,387.07	
8. List all other income regularly received:				
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$0.00	\$0.00	
8b. Interest and dividends	8b.	\$0.00	\$0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00	\$0.00	
8d. Unemployment compensation	8d.	\$0.00	\$0.00	
8e. Social Security	8e.	\$0.00	\$0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f.	\$0.00	\$0.00	
8g. Pension or retirement income	8g.	\$0.00	\$0.00	
8h. Other monthly income. Specify: _____	8h. +	\$0.00	\$0.00	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$0.00	\$0.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10.	\$6,224.01	\$4,387.07	= \$10,611.08
11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: _____	11. +		\$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies	12.		\$10,611.08	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____				

Fill in this information to identify your case:

Debtor 1	<u>Richard</u>	<u>Thomas</u>	<u>Green, Jr</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Adriana</u>	<u>Cordeiro</u>	<u>Green</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Texas</u>		
Case number (if known)	<u></u>		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

☐ No

☒ Yes. Fill out this information for each dependent.....

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Child

17

☐ No. ☒ Yes.

Child

14

☐ No. ☒ Yes.

☐ No. ☐ Yes.

☐ No. ☐ Yes.

☐ No. ☐ Yes.

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No

☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$0.00

If not included in line 4:

4a. Real estate taxes

4a. \$0.00

4b. Property, homeowner's, or renter's insurance

4b. \$0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$150.00

4d. Homeowner's association or condominium dues

4d. \$0.00

		Your expenses
5. Additional mortgage payments for your residence, such as home equity loans	5.	\$0.00
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	\$250.00
6b. Water, sewer, garbage collection	6b.	\$234.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$329.00
6d. Other. Specify: _____	6d.	\$0.00
7. Food and housekeeping supplies	7.	\$1,300.00
8. Childcare and children's education costs	8.	\$0.00
9. Clothing, laundry, and dry cleaning	9.	\$325.00
10. Personal care products and services	10.	\$115.00
11. Medical and dental expenses	11.	\$450.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$500.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$405.00
14. Charitable contributions and religious donations	14.	\$0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	\$0.00
15b. Health insurance	15b.	\$0.00
15c. Vehicle insurance	15c.	\$376.00
15d. Other insurance. Specify: _____	15d.	\$0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	\$0.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a.	\$0.00
17b. Car payments for Vehicle 2	17b.	\$0.00
17c. Other. Specify: _____	17c.	\$0.00
17d. Other. Specify: _____	17d.	\$0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	\$0.00
19. Other payments you make to support others who do not live with you. Specify: _____	19.	\$0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Income</i> .		
20a. Mortgages on other property	20a.	\$0.00
20b. Real estate taxes	20b.	\$0.00
20c. Property, homeowner's, or renter's insurance	20c.	\$0.00
20d. Maintenance, repair, and upkeep expenses	20d.	\$0.00
20e. Homeowner's association or condominium dues	20e.	\$0.00

Debtor 1
Debtor 2

Richard
Adriana

Thomas
Cordeiro

Green, Jr
Green

First NameMiddle NameLast Name

Case number (if known) _____

21. Other. Specify: See Additional Page

21. + \$330.00

22. Calculate your monthly expenses.

- 22a. Add lines 4 through 21.
- 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2
- 22c. Add line 22a and 22b. The result is your monthly expenses.

22a. \$4,764.00

22b. \$0.00

22c. \$4,764.00

23. Calculate your monthly net income.

- 23a. Copy line 12 (your combined monthly income) from *Schedule I*.
- 23b. Copy your monthly expenses from line 22c above.
- 23c. Subtract your monthly expenses from your monthly income.
The result is your *monthly net income*.

23a. \$10,611.08

23b. \$4,764.00

23c. \$5,847.08

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

- ☒ No.
- ☐ Yes.

		Amount
6c. Telephone, cell phone, Internet, satellite, and cable services		
Cellphone		\$149.00
Internet		\$180.00
21. Other		
Pets		\$200.00
Anticipated Dental, Vision, Life (will start on February 1, 2025 paycheck)		\$130.00

Fill in this information to identify your case:

Debtor 1	<u>Richard</u>	<u>Thomas</u>	<u>Green, Jr</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Adriana</u>	<u>Cordeiro</u>	<u>Green</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Texas</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

Part 1: Summarize Your Assets

1. **Schedule A/B: Property** (Official Form 106A/B)

1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>	<u>\$629,373.00</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>	<u>\$51,193.00</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	<u>\$680,566.00</u>

Your assets

Value of what you own

Part 2: Summarize Your Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 106D)

2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	<u>\$429,063.72</u>
---	---------------------

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	<u>\$33,472.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	<u>+</u> <u>\$409,176.32</u>

Your total liabilities

\$871,712.04

Your liabilities

Amount you owe

Part 3: Summarize Your Income and Expenses

4. **Schedule I: Your Income** (Official Form 106I)

Copy your combined monthly income from line 12 of <i>Schedule I</i>	<u>\$10,611.08</u>
---	--------------------

5. **Schedule J: Your Expenses** (Official Form 106J)

Copy your monthly expenses from line 22c of <i>Schedule J</i>	<u>\$4,764.00</u>
---	-------------------

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

☒ Yes

7. What kind of debt do you have?

☒ Your debts are primarily consumer debts. Consumer debts are those “incurred by an individual primarily for a personal, family, or household purpose.” 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$8,864.96

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$30,000.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$0.00
9g. Total. Add lines 9a through 9f.	\$30,000.00

Fill in this information to identify your case:

Debtor 1 Richard Thomas Green, Jr
First Name Middle Name Last Name

Debtor 2 Adriana Cordeiro Green
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Texas

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)*.

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Richard Thomas Green, Jr
Richard Thomas Green, Jr, Debtor 1

X /s/ Adriana Cordeiro Green
Adriana Cordeiro Green, Debtor 2

Date 01/27/2025
MM/ DD/ YYYY

Date 01/27/2025
MM/ DD/ YYYY

Fill in this information to identify your case:

Debtor 1	<u>Richard</u>	<u>Thomas</u>	<u>Green, Jr</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Adriana</u>	<u>Cordeiro</u>	<u>Green</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Texas</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
- ☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
- ☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
		<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
_____ Number Street	From _____ To _____	_____ Number Street	From _____ To _____
_____ City State ZIP Code		_____ City State ZIP Code	
		<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
_____ Number Street	From _____ To _____	_____ Number Street	From _____ To _____
_____ City State ZIP Code		_____ City State ZIP Code	

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☐ No
- ☒ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

Debtor 1
Debtor 2

Richard
Adriana

Thomas
Cordeiro

Green, Jr
Green

First NameMiddle NameLast Name

Case number (if known) _____

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
- ☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Check all that apply.	Sources of income Check all that apply.
	Gross Income (before deductions and exclusions)	Gross Income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	\$92,163.66	\$55,000.08
For last calendar year: (January 1 to December 31, 2024) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	51633 (both spouses) \$175,568.00	
For the calendar year before that: (January 1 to December 31, 2023) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	102611 (both spouses) \$29,500.00	

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

- ☒ No
- ☐ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Describe below.	Sources of income Describe below.
	Gross income from each source (before deductions and exclusions)	Gross Income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:		
For last calendar year: (January 1 to December 31, 2024) YYYY		
For the calendar year before that: (January 1 to December 31, 2023) YYYY		

Part 3:

List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?

- ☐ No. Go to line 7.
- ☐ Yes. List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.
- ☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Creditor's Name				<input type="checkbox"/> Mortgage
Number Street				<input type="checkbox"/> Car
				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
City State ZIP Code				<input type="checkbox"/> Other _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No
- ☐ Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name				
Number Street				
City State ZIP Code				

Debtor 1	Richard	Thomas	Green, Jr	
Debtor 2	Adriana	Cordeiro	Green	
	First Name	Middle Name	Last Name	Case number (if known) _____

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?
 Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
- ☐ Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name _____	_____	_____	_____	
Number _____ Street _____	_____			
_____	_____			
City _____ State _____ ZIP Code _____				

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?
 List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☒ No
- ☐ Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title _____		_____	<input type="checkbox"/> Pending
_____		Court Name _____	<input type="checkbox"/> On appeal
Case number _____		Number _____ Street _____	<input type="checkbox"/> Concluded
		City _____ State _____ ZIP Code _____	

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
 Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
- ☐ Yes. Fill in the information below.

Debtor 1	Richard	Thomas	Green, Jr	Case number (if known) _____
Debtor 2	Adriana	Cordeiro	Green	
	First Name	Middle Name	Last Name	

Describe the property	Date	Value of the property
<div>Creditor's Name</div> <div>Number Street</div> <div>City State ZIP Code</div>		

Explain what happened

☐ Property was repossessed.

☐ Property was foreclosed.

☐ Property was garnished.

☐ Property was attached, seized, or levied.

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
- ☐ Yes. Fill in the details.

Describe the action the creditor took	Date action was taken	Amount
<div>Creditor's Name</div> <div>Number Street</div> <div>City State ZIP Code</div>		

Last 4 digits of account number: XXXX- _ _ _ _

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
- ☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
- ☐ Yes. Fill in the details for each gift.

Debtor 1	Richard	Thomas	Green, Jr	
Debtor 2	Adriana	Cordeiro	Green	
	First Name	Middle Name	Last Name	

Case number (if known) _____

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
<div>Person to Whom You Gave the Gift</div> <div></div> <div></div> <div> <div>Number</div> <div>Street</div> </div> <div> <div>City</div> <div>State</div> <div>ZIP Code</div> </div> <div>Person's relationship to you _____</div>			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No
- ☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
<div>Charity's Name</div> <div></div> <div></div> <div> <div>Number</div> <div>Street</div> </div> <div> <div>City</div> <div>State</div> <div>ZIP Code</div> </div>			

Part 6:

List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No
- ☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
	Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .		

Debtor 1 **Richard** **Thomas** **Green, Jr**
Debtor 2 **Adriana** **Cordeiro** **Green**
First Name Middle Name Last Name

Case number (if known) _____

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No

☒ Yes. Fill in the details.

Allmand Law Firm, PLLC

Person Who Was Paid

860 Airport Fwy Ste 401

Number Street

Hurst, TX 76054-3264

City State ZIP Code

questions@allmandlaw.com

Email or website address

Person Who Made the Payment, if Not You

DECAF

Person Who Was Paid

114 Goliad Street

Number Street

Fort Worth, TX 76126

City State ZIP Code

Email or website address

Person Who Made the Payment, if Not You

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Attorney's Fee	12/19/2024	\$1,028.00
fees for credit Counseling	12/20/2024	\$15.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

☒ No

☐ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid		
Number Street		
City State ZIP Code		

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?
 Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).
 Do not include gifts and transfers that you have already listed on this statement.

- ☒ No
- ☐ Yes. Fill in the details.

	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
<div>Person Who Received Transfer</div> <div> <div>Number</div> <div>Street</div> </div> <div> <div>City</div> <div>State</div> <div>ZIP Code</div> </div> <div>Person's relationship to you _____</div>			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?
 (These are often called *asset-protection devices*.)

- ☒ No
- ☐ Yes. Fill in the details.

	Description and value of the property transferred	Date transfer was made
<div>Name of trust _____</div> <div></div>		

Part 8:

List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?
 Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
- ☐ Yes. Fill in the details.

Debtor 1	Richard	Thomas	Green, Jr	
Debtor 2	Adriana	Cordeiro	Green	
	First Name	Middle Name	Last Name	Case number (if known) _____

Name of Financial Institution _____ _____ Number Street _____ _____ City State ZIP Code		Last 4 digits of account number XXXX- _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	Date account was closed, sold, moved, or transferred _____	Last balance before closing or transfer _____
---	--	---	---	--

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
- ☐ Yes. Fill in the details.

Who else had access to it?		Describe the contents	Do you still have it?
Name of Financial Institution _____ _____ Number Street _____ _____ City State ZIP Code		<div style="border: 1px solid black; height: 100px;"></div>	<input type="checkbox"/> No <input type="checkbox"/> Yes
Name _____ _____ Number Street _____ _____ City State ZIP Code			

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No
- ☐ Yes. Fill in the details.

Who else has or had access to it?		Describe the contents	Do you still have it?
Name of Storage Facility _____ _____ Number Street _____ _____ City State ZIP Code		<div style="border: 1px solid black; height: 100px;"></div>	<input type="checkbox"/> No <input type="checkbox"/> Yes
Name _____ _____ Number Street _____ _____ City State ZIP Code			

Debtor 1 **Richard** **Thomas** **Green, Jr**
Debtor 2 **Adriana** **Cordeiro** **Green**

First Name Middle Name Last Name

Case number (if known) _____

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.



No



Yes. Fill in the details.

Where is the property?		Describe the property	Value
<div>Owner's Name</div> <div>Number Street</div> <div>Number Street</div> <div>City State ZIP Code</div> <div>City State ZIP Code</div>		<div></div>	<div></div>

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?



No



Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
<div>Name of site</div> <div>Number Street</div> <div>City State ZIP Code</div> <div>City State ZIP Code</div>		<div>Governmental unit</div> <div>Number Street</div> <div>City State ZIP Code</div>	<div></div>

25. Have you notified any governmental unit of any release of hazardous material?



No



Yes. Fill in the details.

Debtor 1	Richard	Thomas	Green, Jr	
Debtor 2	Adriana	Cordeiro	Green	
	First Name	Middle Name	Last Name	Case number (if known) _____

Governmental unit		Environmental law, if you know it	Date of notice
Name of site _____			_____
Governmental unit _____			
Number _____	Street _____		
City _____		State _____	ZIP Code _____
City _____	State _____	ZIP Code _____	

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
- ☐ Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title _____		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Court Name _____		
Number _____ Street _____		
Case number _____	City _____	State _____ ZIP Code _____

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation
- ☐ No. None of the above applies. Go to Part 12.
- ☒ Yes. Check all that apply above and fill in the details below for each business.

Richard Thomas Green Jr Name _____	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
	Electrical Service	EIN: _____
1112 League Line Road Number _____ Street _____	Name of accountant or bookkeeper	Dates business existed
Paige, TX 78659 City _____ State _____ ZIP Code _____		From _____ To _____

Debtor 1	Richard	Thomas	Green, Jr	
Debtor 2	Adriana	Cordeiro	Green	
	First Name	Middle Name	Last Name	Case number (if known) _____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No
- ☐ Yes. Fill in the details below.

Date issued

Name MM / DD / YYYY

Number Street

City State ZIP Code

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Richard Thomas Green, Jr
Signature of Richard Thomas Green, Jr, Debtor 1

X /s/ Adriana Cordeiro Green
Signature of Adriana Cordeiro Green, Debtor 2

Date 01/27/2025

Date 01/27/2025

Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No
- ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No
- ☐ Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

United States Bankruptcy Court
Western District of Texas

In re Richard Thomas Green Jr

Adriana Cordeiro Green

Case No. _____

Debtor

Chapter 13

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept **\$4,500.00**

Prior to the filing of this statement I have received **\$1,028.00**

Balance Due **\$3,472.00**

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

01/27/2025

Date

/s/ Dorothy Lawrence

Dorothy Lawrence

Signature of Attorney

Bar Number: 24072015
Allmand Law Firm, PLLC
860 Airport Fwy Ste 401
Hurst, TX 76054-3264
Phone: (214) 265-0123
Fax: (214) 265-1979

Allmand Law Firm, PLLC

Name of law firm

Fill in this information to identify your case:

Debtor 1	<u>Richard</u>	<u>Thomas</u>	<u>Green, Jr</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Adriana</u>	<u>Cordeiro</u>	<u>Green</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Texas</u>		
Case number (if known)	<u></u>		

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- ☒ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☐ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- ☒ 3. The commitment period is 3 years.
- ☐ 4. The commitment period is 5 years.

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

1. **What is your marital and filing status?** Check one only.

☐ **Not married.** Fill out Column A, lines 2-11.

☒ **Married.** Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	<u>\$0.00</u>	<u>\$5,236.12</u>
3. Alimony and maintenance payments. Do not include payments from a spouse.	<u>\$0.00</u>	<u>\$0.00</u>
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.	<u>\$0.00</u>	<u>\$0.00</u>
5. Net income from operating a business, profession, or farm		
	Debtor 1	Debtor 2
Gross receipts (before all deductions)	<u>\$6,621.87</u>	<u>\$0.00</u>
Ordinary and necessary operating expenses	- <u>\$2,993.03</u>	- <u>\$0.00</u>
Net monthly income from a business, profession, or farm	<u>\$3,628.84</u>	<u>\$0.00</u>
	Copy here →	<u>\$3,628.84</u>
6. Net income from rental and other real property		
	Debtor 1	Debtor 2
Gross receipts (before all deductions)	<u>\$0.00</u>	<u>\$0.00</u>
Ordinary and necessary operating expenses	- <u>\$0.00</u>	- <u>\$0.00</u>
Net monthly income from rental or other real property	<u>\$0.00</u>	<u>\$0.00</u>
	Copy here →	<u>\$0.00</u>

7. Interest, dividends, and royalties

Column A
Debtor 1

Column B
Debtor 2 or
non-filing spouse

\$0.00

\$0.00

8. Unemployment compensation

\$0.00

\$0.00

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: _____ ↓

For you..... \$0.00

For your spouse..... \$0.00

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$0.00

\$0.00

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

Total amounts from separate pages, if any.

+

+

11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$3,628.84

+

\$5,236.12

=

\$8,864.96

Total average
monthly income

Part 2: Determine How to Measure Your Deductions from Income

12. Copy your total average monthly income from line 11.

\$8,864.96

13. Calculate the marital adjustment. Check one:

- ☐ You are not married. Fill in 0 below.
- ☒ You are married and your spouse is filing with you. Fill in 0 below.
- ☐ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

+

Total.....

\$0.00

Copy here. →

-

\$0.00

14. Your current monthly income. Subtract the total in line 13 from line 12.

\$8,864.96

Debtor 1 **Richard** **Thomas** **Green, Jr**
Debtor 2 **Adriana** **Cordeiro** **Green**
First Name Middle Name Last Name

Case number (if known) _____

15. Calculate your current monthly income for the year. Follow these steps:

15a. Copy line 14 here → **\$8,864.96**
Multiply line 15a by 12 (the number of months in a year). **x 12**
15b. The result is your current monthly income for the year for this part of the form. **\$106,379.52**

16. Calculate the median family income that applies to you. Follow these steps:

16a. Fill in the state in which you live. **Texas**
16b. Fill in the number of people in your household. **4**
16c. Fill in the median family income for your state and size of household. **\$107,547.00**
To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. How do the lines compare?

- 17a. ☒ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).
- 17b. ☐ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).** On line 39 of that form, copy your current monthly income from line 14 above.

Part 3: Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4)

18. Copy your total average monthly income from line 11. **\$8,864.96**

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a. **\$0.00**
19b. Subtract line 19a from line 18. **\$8,864.96**

20. Calculate your current monthly income for the year. Follow these steps.

20a. Copy line 19b. **\$8,864.96**
Multiply by 12 (the number of months in a year). **x 12**
20b. The result is your current monthly income for the year for this part of the form. **\$106,379.52**
20c. Copy the median family income for your state and size of household from line 16c. **\$107,547.00**

21. How do the lines compare?

- ☒ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.
- ☐ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X **/s/ Richard Thomas Green, Jr**
Signature of Debtor 1

Date **01/27/2025**
MM/ DD/ YYYY

X **/s/ Adriana Cordeiro Green**
Signature of Debtor 2

Date **01/27/2025**
MM/ DD/ YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

IN THE UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION

IN RE: **Richard Thomas Green Jr**
Adriana Cordeiro Green

CASE NO

CHAPTER 13

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 01/27/2025 Signature /s/ Richard Thomas Green, Jr
Richard Thomas Green, Jr, Debtor

Date 01/27/2025 Signature /s/ Adriana Cordeiro Green
Adriana Cordeiro Green, Joint Debtor

Acadian
130 Kaliste Saloom Road
PO Box 92970
Lafayette, LA 70509

Adriana Cordeiro Green
1112 League Line Road
Paige, TX 78659

Affirm, Inc.
c/o Resurgent Capital Services
PO Box 10587
Greenville, SC 29603

Air Evac EMS
C/O Wakefield & Associates LLLC
PO Box 58
Fort Morgan, CO 80701

Air Evac Lifeteam
Po Box 106
West Plains, MO 65775

Allmand Law Firm, PLLC
860 Airport Fwy Ste 401
Hurst, TX 76054-3264

American First Finance, LLC
c/o Becket & Lee LLP
PO Box 3002
Malvern, PA 19355

ARA Diagnostic Imaging
PO Box 208108
Dallas, TX 75320

Ascension Seton
Po Box 1259 Dept 168730
Oaks, PA 19456

Ascension Seton Hays
6001 Kyle Pkwy
Kyle, TX 78640

Ascension Seton Smithville
PO Box 204398
Dallas, TX 75320-4398

AssetCare
Attn: Bankruptcy
PO Box 1127
Sherman, TX 75091

Attorney General of Texas
Bankruptcy Collection Division
PO Box 12017
Austin, TX 78711

Austin Emergency Center
4700 W Sam Houston Pkwy N 140
Houston, TX 77041

Austin Pathology Associates
PO Box 203294
Dallas, TX 75320-3294

Bastrop County Appraisal
c/oLinebarger Goggan Blair & Sampson
LLP
2323 Bryan Street Ste 1600
Dallas, TX 75201

Capio Partners
3400 Texoma Parkway Suite 150
Sherman, TX 75090

Capital One N.A.
by American InfoSource as Agent
PO Box 71083
Charlotte, NC 28272

Citibank
Centralized Bk dept
PO Box 790034
St Louis, MO 63179

City Ambulance Service
PO Box 691067
Houston, TX 77269-1067

Cricket Wireless
1154 S. Abeline St.
Aurora, CO 80012

Deborah B Langehennig
PO Box 94014
Austin, TX 78701

Dell Seton Medical Center at
UT
PO Box 204340
Dallas, TX 75320

Frost - Arnett Company
Attn: Bankruptcy
Po Box 198988
Nashville, TN 37219-8988

Frost-Arnett
Attn: Bankruptcy
PO Box 198988
Nashville, TN 37219

Goldman Sachs Bank USA
Attn: Bankruptcy
PO Box 7247
Philadelphia, PA 19170

Hospitalist Medicine
Physicians of TX
PO Box 1123
Minneapolis, MN 55440

IC Systems, Inc
Attn: Bankruptcy
PO Box 64444
Saint Paul, MN 55164

Internal Revenue Service
Centralized Insolvency Operations
PO Box 7346
Philadelphia, PA 19101-7346

Jefferson Capital Systems LLC
Attn: Bankruptcy
Po Box 7999
Saint Cloud, MN 56302-9617

Jefferson Capital Systems,
LLC
PO Box 7999
Saint Cloud, MN 56302-9617

Linebarger Goggan Blair &
Sampson, LLP
2700 Via Fortuna Dr Suite 500
Austin, TX 78746

LVNV Funding , LLC its
Successors and as
Resurgent Capital Services
PO Box 10587
Greenville, SC 29603

MBA Law
1313 N Travis St Suite 103
Sherman, TX 75092

Merrick Bank
c/o Resurgent Capital Services
P.O. Box 10368
Greenville, SC 29603

MRV BankS
2700 S. Lorraine Place
Sioux Falls, SD 57106

Municipal Services Bureau
PO Box 389
Arcade, NY 14009

Nationstar Mortgage LLC
Bankruptcy Department
PO Box 619096
Dallas, TX 75265

NTTA
PO Box 660244
Dallas, TX 75266

Online Information Service
Po Box 1489
Winterville, NC 28590

Portfolio Recovery Associates
P.O. Box 41067
Norfolk, VA 23541

Quantum3 Group LLC
CF Medical
PO Box 788
Kirkland, WA 98083

Quantum3 Group LLC
Katapult Group LLC
PO Box 788
Kirkland, WA 98083

Quantum3 Group LLC as
agent for
Genesis FS Card Services Inc
PO Box 788
Kirkland, WA 98083

Quantum3 Group LLC as
agent for
Sadino Funding LLC
PO Box 788
Kirkland, WA 98083

Quantum3 Group LLC as
agent for
Katapult Group LLC
PO Box 788
Kirkland, WA 98083

ReitPath Pathology
PO Box 28763
Austin, TX 78755

Richard Thomas Green, Jr
1112 League Line Road
Paige, TX 78659

Security Service FCU
Attn: Bankruptcy
P.O. Box 691510
San Antonio, TX 78269

Sheffield Financial
a division of Truist Bank
PO Box 1847
Wilson, NC 27894

South Austin Hospital
c/o Resurgent Capital Services
Po Box 1927
Greenville, SC 29602-1927

Speedy Cash
PO Box 782260
Wichita, KS 67278

St Davids Georgetown
Resurgent Capital Services
PO Box Box 1927
Greenville, SC 29602

St David's Georgetown
Hospital
PO Box 99400
Louisville, KY 40269

St. David's North Austin
Medical Center
PO Box 99400
Louisville, KY 40269

St. Davids South Austin
Medical Center
PO Box 99400
Louisville, KY 40269

Synerprise Consulting
Services, Inc
Attn: Bankruptcy 5651 Broadmoor
Mission, KS 66202

Team Health
BPHM Billing Center
3225 N Star Circle
Louisville, TN 37777

Team Health
Akron Billing Center
3585 Ridge Park Dr
Fairlawn, OH 44333-8203

Texas Alcoholic Beverage
Comm
Licenses and Permits Division
PO Box 13127
Austin, TX 78711-3127

U.S. Depart Housing & Urban
Development
307 W 7th St Ste. 1000
Fort Worth, TX 76102

United States Attorney -
Western
601 NW Loop 410 Suite 600
San Antonio, TX 78216

United States Trustee -
Western
615 E. Houston Street Suite 533
San Antonio, TX 78205

Upstart
Bankruptcy
Po Box 1931
Burlingame, CA 94011-1931

US Anesthesia Partners
PO Box BOX 840855
Dallas, TX 75284

US Anesthesia Partners
2600 North Loop West Suite 150
Houston, TX 77092

US Attorney General
US Department of Justice
950 Pennsylvania Ave, NW
Washington, DC 20530

Utility Self-reported
Po Box 4500
Allen, TX 75013

Verizon
by American InfoSource as Agent
PO Box 4457
Houston, TX 77210

Wells Fargo Bank, N.A.
dba Wells Fargo Auto
PO Box 169005
Irving, TX 75016